FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1		nstructions)		Office use only
NAME OF COMMITTEE (in	(Check if is changed		: If typying, type lines	2FE4M5
COME BACK	POLITICAL ACTION COMI	MITTEE, , , ,		
<u> </u>				
ADDRESS (number and	PO Box 4036	6		
X (Check if address is changed)	washingto	N		DC 20016
		CITY▲	ST	TATE▲ ZIP CODE ▲
cward@politic	L ADDRESS alcompliance.com			1
	2405 ARRESON (URL)			
N/A	PAGE ADDRESS (URL)			
COMMITTEE'S FAX N	UMBER			
با لبنا				
2. DATE 0 4	/ D D / Y Y Y Y O O O	Y		
3. FEC IDENTIFICA	TION NUMBER	C C0040	0457	
4. IS THIS STATEM	ENT X NEW (N)	OR	AMENDED (A)	
I certify that I have exami	ned this Statement and to the best	of my knowledge and be	lief it is true, correct and co	omplete
Type or Print Name of	Treasurer Christoph	ner J. Ward		
Signature of Treasurer	Electronically Filed by <b>Ch</b>	ristopher J. Ward	Da	te 04 / 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of fal	•		erson signing this Stateme	nt to the penalties of 2 U.S.C. S437g.
Office Use Only		Fed Tol	further information confideral Election Commission Free 800-424-9530	FEC FORM 1 (Revised 02/2003)

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5.	TYPE OF COMMITTEE (Check One)					
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)					
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)					
	Name of Candidate					
	Candidate Office House Senate President	State				
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.						
	Name of Candidate					
		Democratic, lepublican,etc.) Party.				
	(e) This committee is a separate segregated fund					
	(f) X This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated from committee.	und or party				
3.	Name of Any Connected Organization or Affiliated Committee					
	None					
l		<b>.</b>				
	Mailing Address	1				
	CITY▲ STATE ▲	ZIP CODE				
	Relationship					
Type of Connected Organization:						
	Corporation Corporation w/o Capital Stock Labor Organiza	ation				
	Membership Organization Trade Association Cooperative					
	Trade Association Cooperative					

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Write or Type Committee Name			<del>-</del>
COME BACK POLITICAL	ACTION COMMITTEE		
<ol> <li>Custodian of Records: Iden possession of Committee k</li> </ol>	ntify by name, address, (phone number books and records.	optional), and position of the	ne person in
Full Name Christop	oher J. Ward		
Mailing Address	Address 6302 Massachusetts Ave		
	Bethesda	MD	20816
Title or Position ♥	CITY A	STATE	ZIP CODE A
Treasurer		Telephone number	
name and address of any o	and address (phone number optional) of designated agent (e.g., assistant treasurer	the treasurer of the comm ).	ittee; and the
name and address of any of Full Name	designated agent (e.g., assistant treasurer	the treasurer of the comm).	ittee; and the
name and address of any of	designated agent (e.g., assistant treasurer	the treasurer of the comm).	ittee; and the
name and address of any of Full Name of Treasurer  Christo	designated agent (e.g., assistant treasurer	the treasurer of the comm.).	20816
name and address of any of Full Name of Treasurer  Christol	designated agent (e.g., assistant treasurer  oher J. Ward  6302 Massachusetts Ave	·).	
name and address of any of Full Name of Treasurer  Mailing Address	bher J. Ward  6302 Massachusetts Ave  Bethesda  CITY A		20816
name and address of any of Full Name of Treasurer  Mailing Address  Title or Position	bher J. Ward  6302 Massachusetts Ave  Bethesda  CITY A		20816
name and address of any of Full Name of Treasurer  Mailing Address  Title or Position  Treasurer  Full Name of Designated	bher J. Ward  6302 Massachusetts Ave  Bethesda  CITY A		20816
rame and address of any of Full Name of Treasurer  Mailing Address  Title or Position ▼  Treasurer  Full Name of Designated Agent	bher J. Ward  6302 Massachusetts Ave  Bethesda  CITY A		20816

Telephone number

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safety deposit boxes or maintains funds.				
Mailing Address	7901 Wisconsin Ave			
	Bethesda MD 20	0814   _		
	Banks or Other Depositorisafety deposit boxes or main Name of Bank, Depository, e	safety deposit boxes or maintains funds.  Name of Bank, Depository, etc.  Wachovia Bank  7901 Wisconsin Ave		

STATE ∠

**ZIP CODE** △

CITY 🗷